housion: HCFA-PM-85-14 (BERC)

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The following services are exempt from copayment by Federal or State law as noted:

Services Exempt by Federal and State Law

- Family Planning Services and Supplies
- Emergency Services
- Services provided to pregnant women, if the service is related to the pregnancy or to the conditions which may complicate the pregnancy.

Services Exempt by State Policy Only

- Home Health Services
- Transportation by a Specialized Medical Vehicle or Transportation Provided or Arranged by a County Department of Social Services.

TN No. 93-040 Supersedes TN No. 91-0012

Approval Date 12-15-93

Effective Date 7-1-93 HCFA ID: 0053C/0061E

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STATE	NAJP	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT
	STATE:				SCC	NSTN	1		

В.	The	method	used	to	collect	cost	sharing	charges	for	medically	needy
		ividuals						_		•	•

\times	Providers	are	responsible	for	collecting	the	cost	sharing	charges	from
	individual									

- The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.
- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Providers must request copayments from recipients for those services requiring copayment; the program's provider bulletins alert them to this responsibility and inform them that service cannot be refused because an individual is unable to pay the required amount. A provider is not required to collect the allowable copayment if the cost of collecting the copayment exceeds the amount to be collected. However, even if the provider does not collect the copayment, payment to the provider will be reduced by the amount of the allowable copayment. A provider may determine an individual's inability to make payment based on the individual's assertion to that effect, providing there is no evidence to the contrary. Recipients have been notified through recipient newsletters and, upon initial application for eligibility, the Eligibility and Benefits pamphlet.

TN #97-021 Supersedes TN #93-040

Effective 1-1-98 HCFA ID: 0053C/0061E

CH09014C.MP/SP

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State: <u>Wisconsin</u>
D.	The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:
	The automated payment system edits billings for services excluded from cost- sharing. These services are paid at normal rates, while services requiring cost- sharing have the required amount deducted prior to payment.
E.	Cumulative maximums on charges:
	State policy does not provide for cumulative maximums.
	Cumulative maximums have been established as described below:
	See information on the previous page.

TN No. 93-040 Supersedes TN No. 87-0029

Approval Date <u>12-15-93</u>